

CLAIMS ONLY

Application Number

"Filling" Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
1					
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49					
50					
Total Indep.	3				
Total Depend.	0				
Total Claims	3				

AS FILED
 4/12/19

May be used for additional claims or amendments

	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
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100						
Total Indep.						
Total Depend.						
Total Claims						